Gregory concluded his proposals for the reformation of medicine with the observation that the very same objections against having impartial judges and patrons in medicine had been made by those who had earlier opposed the Protestant Reformation. The opponents of religious reform argued that theology was too deep and complicated for those who did not devote their whole time to the study of it, and that having the laity call church authority in question was damaging to the cause of religion. The laying open of Protestant theology had not, however, damaged religion but had on the contrary both improved it as a science and promoted its true interests. As a result the clergy became a more respectable and a far better-educated body of men than they had been in their days of absolute power.[97]

Although Gregory did not develop the interesting analogy between the laying open of theology and medical science, it is very likely that this was the chief institutional model for the reform programme he had proposed. Indeed, his plan to 'lay open' the medical profession was entirely comparable with the institutional structure of the Presbyterian Church. A medical profession based on such a plan would work within a 'presbytery' modelled on the 'laity' of the Scottish Church. Such a body, ideally composed of Gregory's 'scientific gentlemen of fortune', would function as the patrons, judges and overseers of the practical branch of medicine, serving the young physician-scientists eager to contribute their mite to the general store of medical knowledge.

Gregory, however, would have favoured the model of a moderate and enlightened Church over the Calvinist model of the laity taken at large, for the latter was a body characterized by its zealotry and enthusiasm. Just as enlightened clergymen had profited from the direct patronage of the polite and educated class, so too, he claimed, would physicians of true merit flourish under the patronage of disinterested, medically literate, scientific gentlemen. This, at least, is a plausible reconstruction of his analogy, which can best be demonstrated if we examine the conclusion of his *Comparative View* and his description of the role he believed that philosophy and philosophers including medical men should play in society. He argued that:

> the bulk of mankind are made to act, not to reason, for which they have neither abilities nor leisure. They who possess that deep, clear and comprehensive understanding which constitutes a truly philosophical genius, seem born to an ascendancy and empire over the minds and affairs of mankind, if they would but assume it. It

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> cannot be expected, that they should possess all those powers and talents which are requisite in the several useful and elegant arts of life, but it is they alone who are fitted to direct and regulate their application.[98]

Gregory's solution to the tension between professional private interest and philosophical disinterestedness, depicted as the *beau idéal* of his new medical science, had a more aristocratic precursor in the literature of the early members of the Royal Society, many of whom were medically trained.[99] In his history of the society published in 1667 Thomas Sprat, for example, emphasized the importance of scientifically educated 'Gentlemen, free and unconfin'd', for the development of the 'new' philosophy. It was, he argued, the characteristic virtues of this class of men that would prevent the two greatest corruptions of science, first, 'that knowledge still degenerates to consult present profit too soon; the other, that Philosophers have bin [*sic*] always *Masters and Scholars,* some imposing & all the others submitting, and not as equal observers without dependence'. Sprat's solution to this problem was to commit:

> the Work to the care of such men who, by the freedom of their education, the plenty of their estates, and the usual generosity of Noble Blood, may be well suppos'd to be most adverse from such sordid considerations.[100]

Although Sprat argued that the integrity of experimental science rested on the liberal spirit of the educated classes, other concerns were evident as well. Robert Hooke (1635–1702), for example, praised the *'Gentlemen* of our Nation, whose leisure makes them fit to *undertake,* and the plenty of their fortunes to accomplish extraordinary things in this way'.[101] It was wealthy, educated gentlemen, in other words, who had scientific laboratories built, fitted and manned.

It was clearly this ideal Gregory wanted transposed to his own time. His tone, his reference to the role of the laity in the reformed churches, and his position among the Scottish moderate literati combine to suggest a broader category of independent 'liberal' gentlemen than those invoked by the early Royal Society. In this regard the programme was soon to be taken further. Gregory's ideas for the reform of his profession did not expire with their author. He was a friend of William Buchan, the author of *Domestic Medicine* (1769), the century's best-selling guide to family medicine, and it was through this popular work that his proposal to educate the lay public in matters of

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health was realized. Despite what he referred to as a 'spirit of persecution' from official quarters, Buchan managed to publish his book with Gregory's friendly advice and approval and a great deal of assistance from Gregory's student and later biographer, William Smellie. *Domestic Medicine* was a practical guide to contemporary medical knowledge which adopted not only the rhetorical form and substance of Gregory's own writings but many of his practical views as well.[102] The work was designed, in Gregory's words, to 'lay medicine open to the public', and it seems to have done so. *Domestic Medicine* went into nineteen British and thirty-five American editions and sold, in its author's lifetime, 80,000 copies in Britain alone.

Duties of a Polite Profession

The Sympathy of Dr Gregory

At the heart of Gregory's medical ethics was a depiction of a medical man who combined the virtues of the 'rational' physician with those of 'the man of feeling'. In addition to the particular 'genius' or intellectual qualities described above he also possessed the virtue of 'humanity' or sympathy which he explained was:

> That sensibility of heart which makes us feel for the distresses of our fellow-creatures, and which of consequence incites in us the most powerful manner to relieve them. Sympathy produces an anxious attention to a thousand little circumstances that may tend to relieve a patient; an attention which money can never purchase: hence the inexpressible comfort of having a friend for a physician. Sympathy naturally engages the affection and confidence of a patient, which, in many cases, is of the utmost consequence to his recovery. If the physician possesses gentleness of manners, and a compassionate heart, and what Shakespeare so emphatically calls 'the milk of human kindness', the patient feels his approach like that of a guardian angel administering to his relief: while every visit of a physician who is unfeeling, and rough in his manners, makes his heart sink within him, as at the presence of one, who comes to pronounce his doom. Men of the most compassionate tempers, by being daily conversant with scenes of distress, acquire in process of time that composure and firmness of mind so necessary in the practice of physick. They can feel whatever is amiable in pity, without suffering it to enervate or unman them.[103]

On the basis of this and similar passages, Laurence McCullough has interpreted Gregory as subscribing to David Hume's theory of sympathy, and these suggestions have obviously lent Gregory much-needed philosophical respectability among contemporary

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philosophical ethicists. Since it would be hard to combine a Humean theory of sympathy with the moral thought I am finding in Gregory, it is incumbent on me to show that McCullough is wrong, and demonstrably so. As I see it, a medical ethics based on the system of what Gregory took to be an ascertained atheist would, for him, have been as monstrous as a sexual ethics based on the ideas of the Marquis de Sade. This was the reason why Gregory, Rush and many others were fascinated by the fact of their liking for Hume as a person.

McCullough's argument is that Gregory uses 'sympathy' in exactly the same way as Hume and that he, like Hume, identifies it with 'humanity'. Since 'Hume invented the philosophical concept of sympathy and Adam Smith developed the major alternative variant of the concept', and since Gregory's idea of sympathy is clearly at variance with that of Smith, he concludes that Gregory turned to Hume for guidance in this matter.[104] The point is that sympathy, for Hume, consists of an identification with the sentiments of the object of sympathy so that these sentiments become those of the sympathizing person as well. For Smith, on the other hand, sympathy consists in putting oneself imaginatively in the situation of the other person, which may or may not lead one to have the same sentiments as this person.[105]

This distinction between Hume and Smith is distorted. Smith's point is that the kind of 'distance' to the sentiment of the person we sympathize with is something we learn; our natural inclination is, in many situations, to identify with the other. Second, it is well known in the scholarly literature that Hume was moving towards the Smithian concept but that he was inconsistent and mixed up the 'neutral' Smithian idea of sympathy with the sentimental and value-laden idea of identification – and that Smith pointed this out to him.[106] Finally on this point, even if we agreed that the Gregory quotation above indicates a Humean concept, it is not hard to find passages in Gregory that, with as much plausibility, may be taken to indicate a more Smithian line of thinking. In the following lines, Gregory is at least making the point that sympathy is a natural inclination that we learn to check by reason when we can, which sounds rather like Smith's idea of the restraint of self-command:

> This disposition [to sympathetic imitation] we can often check by the force of Reason, or the assistance of opposite impressions: at other times, it is insurmountable.[107]

Of greater importance here is the direct identification of Gregory's use of 'sympathy' as identical with that of Hume. In every relevant

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passage of Gregory, including the one that was quoted at the beginning of this section and that is McCullough's primary piece of evidence, 'sympathy' is not simply limited to the Humean appropriation of the other person's sentiment. First of all, it is directed toward distress, whereas Humean sympathy can be with joy as well as misery. When Gregory talks about our participation of other people's joy, he tends to switch to 'sensibility', 'sociability', etc., though in this as in most usage concerning the theory of the mind, he is as inconsistent as one would expect from one who is concerned, not with the theoretical detail, but with the moral tale. Second, Gregory's 'sympathy' includes the traditional notions of beneficence, inclination to assist, etc. Gregory says, we 'feel for the distresses of our fellow-creatures', not that we feel those distresses; we might do the latter as well, but it is the former, the motivating force of sympathy that is his concern. In other words, Gregory's idea of sympathy is the standard one found in more or less every moralist of his age (and many other ages).[108] Finally, McCullough makes much of the circumstance that Gregory, like Hume, uses 'sympathy' and 'humanity' synonymously, but this was also common usage.[109]

With these points in mind, we are not surprised to find that Gregory in his early work, *Comparative View,* had already explained sympathy together with benevolence, sensibility and the 'affections' (or emotions) as, all of them, 'refinements' of our natural sociability. Sociability (along with reason, taste and religion) was an original constituent principle of human nature, but a somewhat malleable one. In common with many contemporary Scottish thinkers, Gregory believed that the strength of these four basic principles varied from person to person and from culture to culture. For example, the principle of reason was thought to be stronger in Britain than that of sociability, whereas in France the latter was the predominant principle. Gregory also held the classical notion that the moral as well as the physical constitution of a country's inhabitants were determined to some extent by external factors and other 'mechanical' causes such as climate:

> In some people one Principle is naturally stronger than it is in others, but exercise and proper culture will do much to supply the deficiency. The inhabitants of cold climates having less natural warmth and sensibility of heart, enter but a little way into those refinements of the Social Principle, in which Men of a different temper delight. But if such refinements are capable of affording to the Mind innocent and substantial pleasure, it should be the business of Philosophy to search into the proper methods of cultivating and improving them. This study, which makes a

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> considerable part of the Philosophy of life and manners, has been surprisingly neglected in Great Britain.[110]

The principle of sympathy was, in other words, a part of human nature which, though often weak, could nevertheless be inculcated in youth and thereafter successfully nurtured by various means. He suggested that the proper task of the moral philosopher was not to immerse young minds in 'a severe and supercilious philosophy' which made them 'too wise to be happy' but rather to inquire into the most effective means of cultivating moral sense. The moral power could be cultivated or restored if dormant or waning by means of the right sort of literature. In short, although a medical man – or, rather, because a medical man – Gregory clearly saw himself in the academy of Hutcheson's literary 'moral painters' rather than in the operating theatre of Hume's 'moral anatomists'.

In addition to literature, sociability was the source of sympathetic strength. The company of women and children, both of whom were believed to possess vast reservoirs of sympathy, was recommended for faded physicians and cantankerous elderly.[111] Medical men should seek out social gatherings where men and women of all ages and classes gathered together, for

> the true propriety and harmony of social life depends on the connexion of people of different dispositions and characters judiciously blended togetherónature has made no individual and no class of people independent of the rest of their species, or sufficient for their own happiness.[112]

For Gregory this form of natural equality was the consequence of man's innate sociability and the means by which sympathy could be fostered throughout society. In all his writings he was careful to explain that reason unassisted by the moral sense could never be the sole source of human or private good. Consequently men (and women) of intellectual ability must inevitably often depend for their happiness on the affection and companionship of those who are their social and intellectual inferiors. He warned that those who,

> correctly, prefer the sweets of social life and private friendship to the vanity of being admired, must carefully conceal their superiority, and bring themselves down to the level of those they converse with. Neither must this seem to be the effect of a designed condescension for this is still more mortifying to human pride than the other.[113]

Like the young ladies whom Gregory advised to disguise their superior intellect in the company of men,[114] the educated gentleman

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must also, for the sake of his own or others' happiness, disguise his intellectual superiority. The 'easy condescension' which Gregory assumed to be the moral duty of the gentleman was not, in this view, an aspect of etiquette or *noblesse oblige* but 'the natural and proper expression of good affections' which was the very essence of 'true honour'. This was the lesson which Gregory would later transpose to his medical ethics and to the character of the ideal physician.[115]

Gregory's earlier views on sympathy and the other 'refinements' of the social principle directly informed his discussion of the moral qualities 'peculiarly' required by the virtuous physician.[116] And although these qualities were the key elements of the morally good character in general, in his medical ethics he addressed the question of their propriety in the specific context of medical duties. Sympathy or benevolence might be a duty incumbent upon all morally good persons, but for a physician it was the chief duty. He warned his students that his model of the sympathetic physician did not enjoy universal acceptance and that many detractors treated it with derision and misrepresented it as unmanly, hypocritical or even the sign of a weak mind. Gregory defended his ideal and emphasized its importance in the formation of a gentleman physician, the humane practice of medicine, and the advancement of the profession. Sympathy or the capacity 'to feel for the misfortunes of his fellow creatures' was the chief motive for the performance of virtuous action and one of 'the most natural and powerful incitements' for a doctor 'to exert himself for the relief of his patients'.[117] Real sympathy was neither hypocritical nor effeminate and it never pandered to persons of high rank. Far from indicating a weak mind, a compassionate or benevolent physician usually possessed a strong and vigorous mind. The unsympathetic doctor, on the other hand, often resorted to 'rough and blustering manners' in order to disguise his lack of magnanimity and courage.[118] He warned his students against both an excess of sympathy which could 'unnerve' or 'unman' them and the loss of sympathy which sometimes occurred in physicians of established reputation and practice.[119]

Intellectual Duties of a Liberal Profession

If Gregory's ideal physician, or 'the physician of genius' as he often referred to him, was to be a man of good sense as well as sensibility, then he must also possess those qualities of character necessary to manage his patients with 'judgement, firmness and discretion'.

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While the gentler virtues which arise from sympathy and humanity took centre stage, 'Reason' informed by the appropriate education and training must be waiting in the wings prepared for all the contingencies of practice. It was, he believed, in the union of these two natural principles that the true genius of the medical character resided and the chief means by which the rational or scientific physician displayed his real superiority. The latter would not, for example, 'take refuge in the works of dubious or conflicting authority' but would rely on his own judgement which 'appeals for its rectitude to nature and experience alone'.[120] Gregory's physician of genius was, in other words, the embodiment of those Common Sense principles he outlined in his *Lectures*.

Just as the moral virtues of the rational physician, most notably his sympathy, enabled him to engage the emotions of his patients, so too the intellectual virtues enabled him to command their confidence and respect. Both were important to patient care and both were to become 'the principal duties a physician owed to his patients'. Gregory explained that the 'amiable qualities' of gentleness and flexibility, when combined with those of reason, i.e. judgement and discretion, were far more likely to succeed than a more 'despotic' approach. This benevolent paternalism can best be illustrated by his observation that the so-called 'humane' management of the mentally ill, by which he meant the application of sympathy and reason to their treatment, had proven far more effective than treatment based on harsh and punitive measures.[121]

In his discussion of the classic virtues of secrecy, sobriety and temperance, Gregory also emphasized a Common Sense approach. Because a physician had privileged access to the lives of his patients, his honour and discretion was the chief guarantee of their privacy. The duty of secrecy which formed the basis for patient trust was particularly necessary in the case of women whose 'natural delicacy' must be recognized by the gentleman physician. Temperance and sobriety were also virtues 'particularly required in a physician' and likewise connected to his intellectual duties. The nature of medical practice, with its sudden emergencies and intricate problems of diagnosis, made it essential that the physician's 'memory and judgement' were not diminished by inebriety and intemperance. According to Gregory, some 'eminent physicians' have boasted that they could 'prescribe as justly when intoxicated as when sober' but this, he argued, only proved that they 'practiced by rote', ignorant of all the peculiar circumstances of the specific case at hand.[122] Gregory noted that it was exactly the physician's ability to reason in

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particular cases which set him above his non-scientific counterpart. Not only must he be able to give a rational account of his treatment or prescription, he must also be able to accept criticism from his colleagues and patients and 'be ready to acknowledge and rectify his mistakes' – Gregory's definition of the candid physician. Candour was, for Gregory and many other proponents of scientific medicine, a moral duty owed by the physician to his profession as well as to his patients. Throughout his *Lectures* Gregory warned against the 'self-conceit' that blinded the physician and prevented him from acknowledging the constructive criticism of his colleagues. Lack of candour was 'a species of false pride' incompatible with the 'true dignity' of medicine which, he argued, could only be maintained:

> by the superior learning and abilities of those who profess it, by the liberal manners of the gentleman, and by that openness and candour, which disdain all artifice, which invite to a free inquiry, and thus boldly bid defiance to all that illiberal ridicule and abuse to which medicine has been so much and so long exposed.[123]

The importance that the Enlightenment put upon 'openness' or candour in theology, pedagogy, science and religion has been analysed by several recent scholars, and Alan Saunders has shown how this concept was promoted to facilitate the development of a genuinely philosophic or scientific culture.[124] Just as many theologians looked for the moral common ground that would enable people to overcome the antipathy caused by their different religious beliefs, so physicians and other scientists searched for the means to encourage cooperation between the various 'sects' in their own field. While Gregory's discussion in the *Lectures* was designed to promote the virtue of candour in the scientific or rational physician, Percival and other dissenters such as Joseph Priestley also deployed the concept as the basis for the creation of social institutions designed according to rational principles.

Morals and Manners between Physician and Patient

The distinction between manners and morals, ethics and etiquette, duty and decorum is, as previously indicated, a perennial topic in medical ethics and a popular one in eighteenth-century moral philosophy. In his *Sketches of the History of Man*, Gregory's friend, Lord Kames suggested that:

> Manners are distinguished from morals; but in what respect has not been clearly stated. Do not the same actions come under both? Certainly; but in different respects: an action considered as right or

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> wrong, belongs to morals; considered as peculiar to a person or to a people, it belongs to manners.[125]

Also characteristically, Mary Wollstonecraft remarked that:

> Manners and morals are so nearly allied that they have often been confounded; but, although the former should only be the natural reflection of the latter, yet, when various causes have produced factitious and corrupt manners ... morality becomes an empty name.[126]

In his discussion of the 'decorums and attentions' owed by the physician to his patient, Gregory acknowledged the problems raised by these terms and proposed a test for distinguishing between those aspects of a physician's professional manners which fall into the category of duty and those which should be left to the discretion of the individual practitioner:

> Decorum, decency and propriety are words very indeterminate in their application; for this reason, that the ideas annexed to them are partly founded in nature and common sense, partly in caprice, fashion, and the customs of particular nations. In the first case the obligation to them is immutable, the same in all ages and nations; in the latter it is fluctuating and less binding.[127]

In the course of his considerations on this traditional theme, Gregory not only provides us with the various precepts that comprised his medical etiquette but also with a better understanding of the reciprocal relationship between the polite physician and his patient. Most significantly, the patient not only has rights but duties toward his physician. 'Every man', Gregory wrote, 'has a right to speak where his life or his health is concerned, and every man may suggest what he thinks tends to save the life of his friend.' The patient however (or the friend or family member interceding on his behalf) has a corresponding duty to do so with politeness and 'deference to the judgement of the physician'. The physician, on the other hand, has a duty to be candid, to listen with due attention and to examine their suggestions. If he agrees with his patient, he should say so and, if not, he should explain carefully the reason for his disagreement, 'showing neither pique nor obstinacy'. He should attempt to dissuade a patient from taking what he believes to be a dangerous medicine 'but he has no right to complain of his advice not being followed'.[128] Although Gregory's discussion of the relationship between patient and physician was hardly a blueprint for a modern charter of patients' rights his attempt to encourage civility and respect within an often very unequal relationship

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emphasized the necessity of cooperation in the quest for medicine's common goal, the recovery and health of a patient.

The question of a physician's proper dress and manner was, as we have noted, a duty which allowed a degree of discretion on the part of the physician. In his interesting discussion of this subject Gregory traced the problem to its roots in the formal garb adopted by the ancient guilds. He explained that, 'In many stations a particular formality or pomp of dress is highly proper, independent of any fashion whatever; for example, in judges and magistrates'. In the case of the legal profession the mode of dress or external appearance was entirely compatible with the nature of their profession. It was a manner of dress designed to 'impress the minds of the people with due veneration and fear of the laws'. In medicine, however,

> There is no natural propriety in a physician's wearing one dress in preference to another; it not being necessary that any particular respect or authority should be annexed to his office, independent of what his personal merit commands.

Gregory argued that in the past physicians had deployed 'external formalities' such as a formal dress and manners 'to impose on the weakness and credulity of mankind'. He concluded that if

> there is no natural and real propriety in a physician's wearing a distinguishing dress, he can be under no obligation to use it, but what arises from the particular fashion of the country where he resides.[129]

The physician's choice of dress was nevertheless an obligation in which 'common sense and prudence' made it necessary to follow the customs and prejudices of the country. In short, the physician should not stand out one way or the other, but adopt the community standard of dress – always bearing in mind that formal or idiosyncratic dress of any sort can frighten the sick. A physician's appearance – his dress and his manner – should be adapted to the end of his profession which was not, like the magistrate's, to strike fear in the hearts of men but to soothe, cheer and console.[130]

In his discussion of the decorums and attentions owed to patients by their physicians, Gregory also touched upon the traditional questions of truth-telling and the treatment of dying patients. It was Gregory's view and one which Percival and Rush would also adopt that there were some situations in which telling the truth was not medically sound. Gentle hints could, however, be given to patients who had made no preparations for their deaths in

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order to protect their families. Moreover, the latter must as a strict point of justice always be told the truth with as much humanity as was possible.

On the question of whether or not to remain at the bedside of a dying patient, Gregory took issue with the custom of leaving patients or 'giving them over to Nature' or to their clergymen. He recommends instead a view on the matter which had long been identified with Bacon who argued that it was: the office of a physician not only to restore health, but to mitigate pain and dolours;

> and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage; for it is no small felicity which Augustus Caesar was wont to wish to himself, that same Euthanasia; and which was especially noted in the death of Antoninus Pius, whose death was after the fashion and semblance of a kindly and pleasant sleep.[131]

This was the position increasingly adopted by many eighteenth-century physicians. Gregory argued, echoing Bacon, that it was 'as much the business of a physician to alleviate pain, and to smooth the avenues of death, when unavoidable, as to cure disease'. And, not surprisingly, given the prevalence of its use as an all-purpose sedative, the avenues of death were often eased by opium. Buchan, for example, advised that:

> when all other medicines fail, recourse must be had to opium, as a kind of solace. This will not indeed cure the disease, but it will ease the patient's agony, and render life more tolerable while it continues.[132]

Gregory and many of his contemporaries also believed that physicians should remain at the bedside of their dying patients not only as healers but as friends who 'could be agreeable and useful, both to the patient and his nearest relations'. He should not, in any case, withdraw in the presence of a clergyman but assist him if he believed his ministrations were helpful to his patient. If the clergyman was 'gloomy', 'indiscreet' or of an 'enthusiastic' cast, he might harass the patient and, although Gregory does not say so, we can assume that he believed it the physician's duty to protect his patient by having the offending clergyman removed.

Duties of Physicians to Each Other

In his account of the relations between physicians and among medical men in general, Gregory depicted 'the advantages arising

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from two consulting together, who are men of candour, and have mutual confidence in each other's honour'.[133] He warned that the quarrels of physicians were harmful to all concerned, the patient, the contending parties and the profession itself. He was particularly harsh with those of his profession who mistook the true dignity of the profession by refusing to consult with medical men who lacked the proper university training. He emphasized the physician's duty to his patient and its precedence over professional or personal pride. It was not, he insisted, to 'the private police of a corporation, or the little arts of a craft', that this message was addressed, but to the

> duties of a liberal profession, whose object is the life and health of the human species, a profession to be exercised by gentlemen of honour and ingenuous manners; the dignity of which can never be supported by means that are inconsistent with its ultimate object, and that only intend to increase the pride and fill the pockets of a few individuals.[134]

Gregory's discussion of the etiquette of consultation was also a lecture on respect and a plea for candour. He warned that the new hypotheses and theoretical systems, of which students were so enamoured, were of little use to the day-to-day practice of medicine and that, consequently, they were an unsuitable topic of discussion during consultation with another physician. In practice, a physician's experience was superior to his grasp of theory and thus junior physicians must defer to the more senior. Young doctors would do well to reflect that:

> in the course of a few years, their own most favourite theories may be discovered to be as weak and delusive as those which have gone before them; and this should lead them to consider how sensibly they may be hurt themselves, when they find those idols of their youth attacked by the petulant ridicule of the next generation.[135]

He further suggested that the young physician should demonstrate the same respect for those authors who had contributed to the advancement of medicine as they did for their elders because, as he explained, *ad hominem* attacks on past authors such as Hippocrates, Sydenham or Boerhaave, did little to advance medical knowledge. Youthful high spirits, candour and love of freedom might also be usefully employed in exposing 'vain and ostentatious' authors rather than those who 'were no less eminent for their candour and modesty, than for their genius and merit'.[136]

Gregory also addressed at some length an important topic current in the medical circles of his time, namely the continuing

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dispute over the boundaries of medicine and surgery. He explained, in a brief history of this problem, that medicine had traditionally been divided into three parts: first, the regulation of diet; second, the prescription of remedies; and third, the manual operations of surgery. The first two were different in theory but based on the same practice, while the third was separate. He argued first that since the separation between medicine and surgery was based on custom, it could be revised according to changing needs and new knowledge. He suggested that because diseases of the human body were so intimately connected, the surgeon had as great a need of the physician's knowledge as the physician did of his. Gregory claimed that he did not intend to criticize any particular branch of medicine and that every branch of it was inherently respectable. His intention was not simply to 'adjust points of precedence, or deference', but to emphasize that:

> As a doctor's degree can never confer sense, the title alone can never command regard; neither should the want of it deprive any man of the esteem and deference due to real merit. If a surgeon or apothecary has had the education, and acquired the knowledge of a physician, he is a physician to all intents and purposes, whether he has the degree or not, and ought to be respected and treated accordingly.[137]

Gregory's account of the duties of a liberal profession is as much a description of the vices of medicine as it is a celebration of its virtues. In this as in so many regards, he directly takes up the challenge posed by Francis Bacon. Most decidedly a 'speculative man' of 'active matter', i.e. a philosophical or learned physician, he took as his specific task a systematic analysis of medicine's strengths and corruptions. He did not succumb to the temptation of 'magnifying the importance of his profession' and his style and manner, that of the candid inquirer, was not designed to inflame or anger but to conciliate, persuade and educate. Like many critics of medicine, he attempted to describe 'the serpent' – the evil that physicians actually do, as well as what they ought to do.

Gregory's opponents were not exclusively the quack, empiric or lowly female healer but very often his own colleagues, the *bona-fide* members of the faculty of physicians. It was not only the first group who misled their patients, revealed their secrets, abused their trust and frightened them with inappropriate garb. Real physicians were also brusque, proud, petulant and in a continual hurry. Both groups fawned and simpered in the presence of high rank and station, sold

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secret nostrums for quick profits and too hastily abandoned their dying patients. It was these forms of professional misconduct, traditionally viewed as inseparable from the medical character, that, according to Gregory, gave medicine its 'interested and illiberal appearance'.

Medicine and Religion

Of the medical vices enumerated by Gregory, none was perceived to be as damaging as the physicians' purported contempt of religion. Although the accusation of impiety and Gregory's spirited response were virtually set-pieces in contemporary medical literature, his emphasis on the religious character of the physician was central to his scheme of medical ethics. In the end, it was religion that for Gregory underwrote the system of duties upon which all social interactions rested. Like his ideal of medicine, his view of religion was liberally conceived and both were equally paternalistic.

Gregory's views on the role of religion are best illustrated by his discourse on this subject in *Comparative View.* It was in this earlier work too that he developed in detail the analogy between the practice of rational medicine and rational religion.

Religion was for Gregory the cement of all social relations. He described it, like Reid and the other Common Sense philosophers, as a natural or original principle of the human mind, present in all peoples at all times. Hence the belief in a deity and life after death were considered to be universal, even if often corrupted and in need of educational attention. The moral sense was also an original principle and all people therefore had a sense of right and wrong independent of religious belief. But the moral sense was thought to be too weak to act as our sole moral guide, and religion was a necessary adjunct to morals. Gregory explained that, like the moral sense, religious sense was not primarily moved by the evidence of reason but by the imagination. Hence religious infidelity was not a defect of the intellect but of the heart. Nevertheless, religion was perfectly compatible with a philosophic mind as exemplified by the careers of Bacon, Locke and Newton, all of whom, according to Gregory, were as outstanding for their firm support of religion as they were for their contribution to science.[138]

In *Comparative View* Gregory explained that religion had three aspects. It was a body of 'speculative doctrines', 'a rule of life and manners', and a source of certain 'affections of the mind'. It was the second aspect of religion as 'a rule of life and manners' which formed its practical branch and which was the chief support of

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practical morality.

Gregory claimed that the theologians had contributed as little to practical religion as the metaphysicians and abstract theorizers had to the practical arts and sciences, including morals and medicine. The reason, as Bacon had shown, was their taste for speculation. Lost in the regions of 'light inaccessible', speculative theologians who were often 'the most eminent of the clergy for learning and good sense' abandoned the practical arts of religion to men of lesser talent. Thus, lacking the guidance of 'true genius', religion became at best ineffective and at worst fanatical and oppressive. Eventually, like science and medicine it could no longer be seen as a progressive art but merely as the history of opinions.[139]

Gregory had several Baconian axes to grind in his earlier discourse and, as we have seen above, these arguments informed the methodological chapters in his *Lectures.* In the latter, however, his concern was both the threat posed by scepticism and atheism to medicine and the harm done to the profession by the 'heinous' charge of infidelity. While Gregory acknowledged that some physicians had been unbelievers, he argued that it was unlikely that it was the study of medicine that had brought them to this unnatural state. On the contrary:

> An intimate acquaintance with the works of Nature raises the mind to the most sublime conceptions of the Supreme Being, and at the same time dilates the heart with the most pleasing views of Providence.

The physician's heart was further affected:

> Such afflictive scenes, one would imagine would soften any heart, not dead to every feeling of humanity, and make it reverence that religion which alone can support the soul in the most complicated distresses.

Gregory warned that it was likely that a physician who rejected religion also lacked the quality of sympathy which formed such an important part of the medical character. Because religion was as necessary to medicine as it was to morals, he concluded that:

> A physician who has the misfortune to disbelieve in a future state, will if he has common good nature, conceal his sentiments from those under his charge, with as much care as he would preserve them from the infection of a mortal disease.[140]

Benevolent Deceptions

It was not only the sceptic's or atheist's 'truth' that Gregory advised

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physicians to conceal from their patients but those concerning the patients themselves. As we have seen in his *Lectures,* he also claimed that the physician should in some cases deceive his patients about the real truth of their condition[141] and in most cases about the true nature of their prescribed medicines.[142] In each situation he justified the deception on similar grounds. In order to avoid harm to the patient, 'a deviation from truth is sometimes ... both justifiable and necessary'.[143] The patients' desire to know the composition or nature of the drugs prescribed for them was rejected by Gregory on the grounds that the truth was often not compatible with good medicine. There was a natural propensity to value only what is 'covered with a veil of obscurity' and to devalue the clear explanation or appeal to reason:

> A firm belief in the effects of a medicine depends more on the imagination than on a rational conviction impressed on the understanding; and the imagination is never warmed by any object which is distinctly perceived, nor by any truth obvious to common sense.[144]

Unless there were good medical reasons for informing patients about their medicines, the ingredients should not be revealed. Most patients were unable to comprehend the principle underlying the physicians' remedy and, if informed subsequently, believed as little in the efficacy of their medicines as they did in the physicians who prescribed them. Patients who were told the truth about the nature of every medicine ordered for them tended to interrupt the physician in his proceedings 'by many frivolous difficulties, not to be removed to the satisfaction of one ignorant of medicine'.[145]

Gregory was a classic paternalist and the descendant of a long line of physicians who espoused some version of Plato's 'noble lie' or the belief that the 'good' is better than the truth and that there are some occasions when the good of an individual or society required that falsehoods be upheld. 'In the pursuit of happiness', he wrote, 'our beings' end and aim, the discovery of truth is far from being the most important object.'[146]

Gregory's paternalism received its sanction from the Hippocratic injunction 'to do no harm' and, more specifically, from the distinction made by Scottish Common Sense philosophers between the truth of science and that of practical religion and morals.

In his discussion of religion in *Comparative View*, Gregory claimed that there was an important difference between the two sorts of truth. The investigation and discovery of abstract or

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theoretical truth in science was highly pleasing to the human mind, whereas those of the practical world of religion and morals could be unpleasant and harmful. Because morally elevated happiness was the goal of human existence, such truths must be subordinated to this higher end:

> One of the first principles of Society of decency, and good manners is, that no Man is entitled to say everything he thinks is true, when it would be injurious or offensive to his neighbor. If it were not for this Principle all Mankind would be in a State of war.[147]

Gregory's distinction was between theory and practice, encompassing the distinction between the scientific theory of the moral faculties and practical ethics that we discussed in the preceding chapter. Theoretical truth was that of the man of science, the theologian and all 'those who possessed that deep, clear and comprehensive Understanding which constitutes the truly philosophical genius'.[148] The truths of practical religion and morality in their capacity as 'rules of life' were shared by all, or at least by 'The bulk of Mankind' who 'are made to act, not to reason, for which they have neither abilities nor leisure'.[149]

While Gregory's abstract truth was safely contained within the domain of the 'learned world', the truths of religion, morals and all those subjects like medicine 'where the Imagination and Affections are deeply concerned',[150] were on the other hand of great social relevance.

Gregory argued that because medicine or at least its practice was a subject which depended more on the heart or imagination than it did on reason, the 'coldness and severe precision so necessary for the investigation of the truth' had no place.[151] Where, for example, the health of the body was the chief object or 'good', and there was a professional perception that harm could be avoided, the benevolent physician must resort to the noble lie, pious fraud or placebo- appropriately derived from the Latin 'I shall please'.[152] With Gregory's Common Sense ethics, the Hippocratic duty to do no harm received its contemporary philosophical justification. But the great dream of expertise, of the learned physician, secure and unassailable in his carapace of science, remained but a glint in one creator's eye.

Notes

1. A. Campbell Fraser, *Thomas Reid*, Edinburgh, 1898, p. 12.
2. Agnes Grainger Stewart, *The Academic Gregories*, Edinburgh, 1901. Other biographical works on John Gregory and his family include:

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William Smellie, *Literary and Characteristical Lives*, Edinburgh, 1800, pp. 1–118; 'An account of the life and writings of John Gregory' prefixed to, John Gregory, *A Father's Legacy to his Daughters*, Edinburgh, 1788; Paul David Lawrence, 'The Gregory Family: A Biographical and Bibliographical Study', Aberdeen University, PhD thesis, 1971.

3. George Chalmers' relation to the Gregory family is outlined in Roger L. Emerson, *Professors, Patronage and Politics: The Aberdeen Universities in the Eighteenth Century*, Aberdeen, 1992, pp. 38–45.
4. Smellie, *Lives*, p. 2. *Regenting* (abolished at King's College at the end of the eighteenth century) was a practice whereby a single teacher would lead a group of students through all the subjects in the course of their undergraduate university career. For details of university education at Aberdeen, see Paul B. Wood, *The Aberdeen Enlightenment, the Arts Curriculum in the Eighteenth Century*, Aberdeen, 1993.
5. Alexander Carlyle, *Anecdotes and Characters of the Times*, Oxford, 1973, p. 57.
6. Roy E. Wright-St Clair, *Doctors Monro*, London, 1964. For the scientific interests of Gregory's teachers, see A.L. Donovan, *Philosophical Chemistry in the Scottish Enlightenment*, Edinburgh, 1975, p. 37.
7. John Gregory, *Lectures on the Duties and Qualifications of a Physician*, London, 1772, p. 213. For a contemporary account of the influence of the Scottish student clubs in the development of medicine, cf. G.W. Corner (ed.), *The Autobiography of Benjamin Rush: His Travels through Life, together with his Common Place Book for 1789–1813*, Princeton, NJ, 1948 and A. Hook, *Scotland and America: A Study of Cultural Relations, 1750–1835*, Glasgow and London, 1975.
8. Cf. J. Gray, *History of the Royal Medical Society, 1737–1937*, Edinburgh, 1952, p. 30 and R.J. Mackintosh (ed.), *Memoirs of the Life of Sir James Mackintosh*, 2 vols, London, 1837, Vol. 1, pp. 25–7.
9. Carlyle, *Anecdotes and Characters*, p. 89. For a different account of the Leyden education and its social attractions see G.S. Rousseau, in *Sexual Underworlds of the Enlightenment* ed., G.S. Rousseau and Roy Porter, Chapel Hill, 1988.
10. P. Wood, *The Aberdeen Enlightenment*, pp. 31–4.
11. Lyttelton was a patron of James Thomson, the author of *The Seasons*. For an account of Montagu's Scottish connections see Ian Ross, 'A Bluestocking over the Border; Mrs Elizabeth Montagu's Aesthetic Adventures in Scotland, 1766', in the *Huntingdon Library Quarterly*, 28 (1963).
12. Agnes Grainger Stewart, *The Academic Gregories*, p. 108.
13. John Comrie, *History of Scottish Medicine*, London, 1932, Vol. I, p. 367.
14. H. Lewis Ulman (ed.), *The Minutes of the Aberdeen Philosophical*

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Society 1758–1773, Aberdeen, 1990, p. 44.

15. Samuel Miller, *A Brief Retrospect of the Eighteenth Century* (1803), 2 vols, New York, 1970, Vol. II, p. 258. Miller observed that the 'most enlarged ideas of literary societies seem to have originated with the great Lord Bacon, who, in his New Atlantis, delineated a plan of one more liberal and extensive than had ever before existed'.
16. Miller, *A Brief Retrospect*, II, p. 259.
17. Cf. Ulman, *Aberdeen Philosophical Society*. Concerning the origins of the Scottish learned societies, see Roger Emerson, 'Sir Robert Sibbald, Kt, the Royal Society of Scotland and the Origins of the Scottish Enlightenment', *Annals of Science*, 45 (1988), 41–72. See also Davis D. McElroy, *Scotland's Age of Improvement: A Survey of Eighteenth-Century Literary Clubs and Societies*, Pullman, WA, 1969; and Paul Wood, *The Aberdeen Enlightenment*.
18. See Ulman, *Aberdeen Philosophical Society*, p. 12.
19. Ulman, *Aberdeen Philosophical Society*, p. 28. For a detailed account of Gregory's scientific interests in Aberdeen, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', *History of Science*, 27 (1989), 89–123. For a wider interpretation, see Stephen A. Conrad, *Citizenship and Common Sense. The Problem of Authority in the Social Background and Social Philosophy of the Wise Club of Aberdeen*, New York, 1987.
20. William Forbes, *An Account of the Life and Writings of James Beattie*, 2 vols, Edinburgh and London, 1806, Vol. I, pp. 73–4.
21. Ernest Campbell Mossner, *The Life of David Hume*, Oxford, 1970, p. 580.
22. Gregory, *Lectures*, p. 14. For an interpretation of Gregory's Common Sense roots, see also Christopher Lawrence, 'Medicine as Culture: Edinburgh and the Scottish Enlightenment', Ph.D., University of London, 1983, pp. 290–302.
23. Gregory, *Lectures*, pp. 24, 76–9.
24. John Gregory, *A Comparative View of the State and Faculties of Man with Those of the Animal World*, London, 1765.
25. Smellie, *Lives*, p. 6.
26. John Gregory, *A Father's Legacy to his Daughters*; Preface by James Gregory.
27. Boswell, quoted in Frank Brady and Frederick A. Pottle (ed.), *Boswell in Search of a Wife*, London, 1956, p. 37.
28. Mrs Montagu, quoted in Ian Ross, 'A Bluestocking over the Border: Mrs Elizabeth Montagu's Aesthetic Adventures in Scotland 1766', *Huntingdon Library Quarterly*, 28 (1963), p. 215.
29. Quoted in Agnes Grainger Stewart, *Academic Gregories*, p. 113.
30. Charles A. Miller, *Jefferson and Nature, An Interpretation*, Baltimore, MD, 1988, p. 247.
31. For Rousseau's influence on Gregory, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', p. 106.

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32. For a comprehensive intellectual profile of Scotland's enlightened literati, see Richard Sher, *Church and University in the Scottish Enlightenment*, Princeton, NJ, 1985. See also Roger Emerson, 'Science and the Origins and the Concerns of the Scottish Enlightenment', *History of Science*, 26 (1988), 364.
33. Agnes Grainger Stewart, *Academic Gregories*, p. 117.
34. William St Clair, *The Godwins and the Shelleys: The Biography of a Family*, London, 1989, p. 505. St Clair provides a useful survey of the extraordinary extent of this genre at the end of the eighteenth century.
35. Gregory, *Legacy*, p. 31.
36. Mary Wollstonecraft, *A Vindication of the Rights of Woman*, Harmondsworth, 1982, p. 173.
37. Wollstonecraft, *Vindication*, p. 196.
38. Cf. Agnes Grainger Stewart, *Academic Gregories*, p. 122.
39. Cf. Penelope Murray, *Genius, The History of an Idea*, London, 1989, p. 85.
40. Lawrence Stone, *The Family, Sex and Marriage in England, 1500–1800*, London, 1977, p.. And, for example, T.M. Devine and Rosalind Mitchison (ed.), *People and Society in Scotland*, Edinburgh, 1988, pp. 131–3.
41. See Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England*, Oxford, 1989, pp. 189–207, for an account of those additional avenues of publication available to physicians. See also Jan Golinski, *Science as a Public Culture*, Cambridge, 1992, pp. 50–90.
42. Brady and Pottle, *Boswell*, p. 37. Boswell was a patient of Gregory's.
43. The author of an account of Mark Akenside in the DNB, reported that Akenside 'shocked his contemporaries by his brutal roughness and cruelty to the poor'. 'On visiting days', Akenside, according to this account, 'would order his servants (at Christ's Hospital) ... to precede him with brooms to clear the way, and prevent the patients from too nearly approaching him'. DNB, Vol. I, p. 210.
44. For a student's account of Gregory's death see *The Diary of Sylas Neville*, ed. B.C. Hardy, London, 1950, pp. 196–8.
45. Paul Potter, *Short Handbook of Hippocratic Medicine*, Quebec, 1988, p. 31.
46. *Of the Dignity and Advancement of Learning*, (Book IV), T*he Works of Francis Bacon*, ed. J. Spedding, R. Ellis, and D. Heath, 14 vols, London, 1857–74, Vol. 4, p. 379.
47. Bacon, *Advancement of Learning*, p. 379.
48. Bacon, *ibid.*, p. 381.
49. Bacon, *ibid.*, p. 383.
50. Cf. Hippocrates: 'The learning of medicine may be likened to the growth of plants. Our natural ability is the soil. The views of our teachers are as it were the seeds. Learning from childhood is analogous to the seeds' falling betimes upon the prepared ground.

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The place of instruction is so to speak the nutriment that comes from the surrounding air to the things sown. Diligence is the working of the soil. Time strengthens all these things, so that their nurture is perfected.' Potter, *Hippocratic Medicine*, p. 55.

51. David Fordyce, *The Elements of Moral Philosophy*, London, 1754, p. 13. First published in Robert Dodsley's *The Preceptor* in 1748, it was subsequently used by William Smellie for the article 'Moral Philosophy' in the first edition of *Encyclopædia Britannica* (1771). Cf. R.L. Emerson, 'Science and Moral Philosophy in the Scottish Enlightenment', in M.A. Stewart (ed.), *Studies in the Philosophy of the Scottish Enlightenment*, Oxford, 1990, pp. 25–8. Fordyce taught at the other Aberdonian college, Marischal, while Gregory was at King's.
52. Fordyce, *Moral Philosophy*, pp. 5 and 8. It is important to note that the term 'manners' for many Scots of this period still carried with it the connotation of 'morals'.
53. Fordyce, *Moral Philosophy*, p. 7. See Butler's *Fifteen Sermons*, Preface, esp. pp. 3–4, for a more detailed account of some of the key methodological ideas shared by Fordyce, Reid and Gregory.
54. Gregory, *Legacy*, p. 55.
55. Gregory, *Lectures*, p. 10.
56. Cf. Reid, *Practical Ethics*, pp. 50–1 and Reid, *Active Powers*, pp. 587a–88a.
57. *ibid.*
58. For a discussion, see Ludwig Edelstein, 'The Professional Ethics of The Greek Physicians', in *Legacies in Ethics and Medicine*, ed. Chester R. Burns, p. 96.
59. Cicero, *De officiis*, p. 155.
60. This was also the title of the first anonymous and apparently unauthorized version in 1770. When he put his name to the work in 1772, he changed the title to 'duties and qualifications', undoubtedly because 'office' was superfluous, 'duty' being the common synonym (cf. the usual translations of works such as Pufendorf's and Cicero's), but also because the work is centrally concerned with what is required to attain the office.
61. Gregory, *Lectures*, pp. 7–8.
62. Thomas Reid, *Practical Ethics*, p. 129.
63. Bacon, *Advancement of Learning*, pp. 112–13.
64. Gregory, *Lectures*, p. 14. Paul Wood has noted that Gregory's manuscripts reveal that already as a student he aspired to bring about a Baconian reform of medicine. A paper from 1743, 'A proposal for a medical society', was a youthful plan for founding 'a society dedicated to the pursuit of medical enquiries according to Bacon's plan'. It is this plan that we will look at here. For an informative general account of the Baconian roots of the Aberdeen philosophers, see Paul Wood, 'The Natural History of Man in the Scottish Enlightenment', pp. 90–6.

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65. Gregory, *Lectures*, p. 14.
66. Gregory, *ibid.*, pp. 72–82.
67. Gregory, *ibid.*, p. 84.
68. Gregory, *ibid.*, p. 89.
69. Gregory, *ibid.*, p. 99. For a recent helpful discussion on this topic see, Paul Wood, *The Aberdeen Enlightenment*, pp. 117–18, and Jan Golinski on the role of rhetoric and philosophical narrative in *Ibid*,, p. 259.
70. Gregory, *ibid.*, pp. 109–10.
71. Bacon, *Advancement of Learning*, p. 117.
72. Gregory, *Lectures*, p. 111.
73. Bacon, *Advancement of Learning*, pp. 109–117.
74. Gregory, *Lectures*, p. 224.
75. Gregory, *ibid.*, p. 150.
76. Gregory, *ibid.*, p. 113.
77. Gregory, *ibid.*, p. 114. In this discussion Gregory acknowledges his obvious debt to Thomas Reid 'who treated this subject with great acuteness in his ingenious *Enquiry into the Human Mind*'.
78. Gregory, *ibid.*, p. 115.
79. Gregory, *ibid.*, p. 120.
80. Gregory, *Ibid*,p. 122.
81. Gregory, *ibid.*, p. 126.
82. Gregory, *ibid.*, p. 128.
83. Gregory, *ibid.*, pp. 129–30.
84. Gregory, *ibid.*, pp. 138–9 and 145.
85. Gregory, *ibid.*, p. 203.
86. Gregory, *ibid.*, p. 223.
87. Gregory, *ibid.*, p. 172.
88. Gregory, *ibid.*, p. 213.
89. Gregory, *ibid.*, pp. 214–15.
90. Gregory, *ibid.*, p. 216.
91. Gregory, *ibid.*, p. 218.
92. Gregory, *ibid.*, p. 219.
93. Gregory, *ibid.*, p. 221. For a clear and comprehensive account of Boyle's contribution to the development of early modern medicine see Barbara Beigun Kaplan, *'Divulging Useful Truths in Physick': The Medical Agenda of Robert Boyle*, Baltimore, MD, 1993.
94. Gregory, *Lectures*, p. 225.
95. Gregory, *ibid.*, pp. 231 and 233.
96. Gregory, *ibid.*, p. 236.
97. Gregory, *ibid.*, pp. 236–37.
98. Gregory, *Comparative View*, p. 203.
99. For an account of the seventeenth-century Baconians of the Royal Society, see Brian Vickers, *English Science, Bacon to Newton*, London, 1987.
100. Quoted in Vickers, *English Science*, pp. 163 and 105.

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101. Quoted in Vickers, *English Science*, p. 105.
102. William Buchan, *Domestic Medicine, or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, Edinburgh, 1769. For an account of Gregory's influence on William Buchan, see Christopher Lawrence, 'William Buchan: Medicine Laid Open', *Medical History* 19 (1975), 20–35; see also Dorothy and Roy Porter, *Patient's Progress*, p. 134.
103. Gregory, *Lectures*, pp. 19–21.
104. Laurence B. McCullough, 'John Gregory's Medical Ethics and Humean Sympathy', in *The Codification of Medical Morality*, ed. Baker, Porter and Porter, pp. 145–58, at p. 158.
105. Baker, *op.cit.*, pp. 149–50.
106. See Hume's criticism in a letter of 28 July 1759, *Letters of David Hume*, ed. J.Y.T. Greig, 2 vols, Oxford, 1932, I: 311–14; and Smith's response in a note added to the second and subsequent editions of *The Theory of Moral Sentiments* (I.iii.1, para.9, note). For discussion, see, for example, Páll S. Árdall, *Passion and Value in Hume's Treatise*, Edinburgh, 1966, pp. 140ff.; and Knud Haakonssen, *The Science of a Legislator: The Natural Jurisprudence of David Hume and Adam Smith*, Cambridge, 1981, pp. 49ff. And see also David Fate Norton, 'Hume's Common Sense Morality', *Canadian Journal of Philosophy*, 5 (1975): 523–43.
107. Gregory, *Comparative View*, pp. 70–1.
108. As usual Samuel Johnson's *Dictionary of the English Language* got it right: 'Sympathy ...: Fellow-feeling; mutual sensibility; the quality of being affected by affection of another.' For a sampling from a wide variety of philosophers of the sense of 'sympathy' and its cognates that McCullough finds so special in Hume, see Shaftesbury, *Characteristics of Men, Manners, Opinions, Times* [1711] ('Inquiry Concerning Virtue or Merit'), ed. J.M. Robertson, 2 vols, Indianapolis, IN, and New York, NY, 1964, I: 298; Butler, *Fifteen Sermons*, ed. T.A. Roberts, London, 1970, p. 23 and Sermon 5 ('Upon Compassion'), esp. pp. 49–50; Francis Hutcheson, *An Inquiry Into the Original of Our Ideas of Beauty and Virtue* (II. 'Concerning Moral Good and Evil'), [1725] 4th edn London, 1738, pp. 239–43; David Hartley, *Observations on Man, His Frame, His Duty, and His Expectations*, London, 1749, Part I, ch. 4, sect. iv: 'Of the Pleasures and Pains of Sympathy'; David Fordyce, *The Elements of Moral Philosophy*, [1754], ed. J.V. Price, Bristol, 1990, pp. 80–1; Henry Grove, *A System of Moral Philosophy*, 2 vols., [1750], 3rd edn London, 1755, II: 450ff.; Abraham Tucker, *The Light of Nature Pursued*, [1768–77], 2 vols, London, 1834, I: 153–5; Thomas Reid, *Essays on the Active Powers of Man*, [1788], in *Philosophical Works*, ed. Sir Wm Hamilton, Edinburgh, 1895, pp. 565 and 592–4; John Prior Estlin, *Familiar Lectures*, I: 13. Writing before Smith, Edmund Burke eloquently expressed the point common to all, but soon to be

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